Los Angeles County Department of Health Services,
Alcohol and Drug Program Administration
Los Angeles County Youth Treatment Services
Alhambra, California
TI14030

Authorized Representative
Patrick Ogawa
1000 South Fremont Avenue
Building A9E, 3F
Alhambra, CA 91803
(626) 299-4595
(626) 458-7637 fax

Project Director
Patrick Ogawa
1000 South Fremont Avenue
Building A9E, 3F
Alhambra, CA 91803
(626) 299-4595
(626) 458-7637 fax

Evaluator
Not available

Contact
Patrick Ogawa
1000 South Fremont Avenue
Building A9E, 3F
Alhambra, CA 91803
(626) 299-4595
(626) 458-7637 fax

SAMHSA Grants Specialist
Emmanuel Djokou
5600 Fishers Lane
Rockwall II, Suite 630
Rockville, MD 20857
(301) 443-1714
(301) 443-6468 fax
edjokou@samhsa.gov

CSAT Project Officer
Bruce Fry
5600 Fishers Lane
Rockwall II, Suite 630
Rockville, MD 20857
(301) 443-0128
(301) 443-6468 fax
bfry@samhsa.gov

B&D ID
50302

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Expansion and Enhancement

Program Area Affiliation—Drug Court (Criminal Justice; Adolescents)

Congressional District and Congressperson—California 31 (applicant), California 24, 25, 26, 27, 28, 29, and 30 (project); Hilda L. Solis (31), Brad Sherman (24), Howard P. "Buck" McKeon (25), Howard L. Berman (26), Adam B. Schiff (27), David Dreier (28), Henry A. Waxman (29), Xavier Becerra (30)

Public Health Region—IX

Purpose, Goals, and Objectives—The Los Angeles County Department of Health Services, Alcohol and Drug Administration Program (ADAP) is proposing this 3-year grant program to implement critical expansion and enhancement in the quality and availability of alcohol and drug services for young people in Los Angeles County. The overall goal of the project is to develop a more effective, efficient, and accessible treatment system for juvenile offenders in Los Angeles County—one that significantly improves outcomes for a much larger number of young people in need of support and care. The primary program objectives form the strategy by which treatment access will be expanded to reach a greater number of young people, as follows: (1) Create new and broader standards for drug court admission and expand referral and assessment procedures to offer more opportunities for young people to be assessed by a broader array of drug treatment professionals; (2) change the minimum age of eligible participants from 14 years of age to 12 years of age; (3) offer shorter treatment options; (4) implement critical treatment enhancements; (5) develop and implement a comprehensive dissemination and replication process that allows the new treatment model to be applied in juvenile facilities throughout Los Angeles County; and (6) develop a more streamlined, standardized assessment tool that can be used by all divisions of the juvenile justice system to rapidly assess youth drug history and motivation for substance abuse treatment. (pages 2, 10–12, 14)

Target Population—The project describes the target population simply as substance-abusing juveniles from 12 to 18 years of age who have been charged as delinquent in a juvenile court served through Los Angeles County Juvenile Treatment Drug Court Program. The project estimates that the target population will have the following characteristics: 59 percent male, 40 percent female, 1 percent transgender; 60 percent Hispanic, 25 percent Caucasian, 12 percent Asian/Pacific Islander, and 6 percent African American; 50 percent 12–15 years of age, and 50 percent 16–18 years of age. (pages 9, 62–63)

Geographic Service Area—The geographic service area is Los Angeles County, California, by far the most populous county in the United States with a population of over 9.6 million. This service area encompasses a land area greater than that of several U.S. States. It is also the nation's second largest county geographically and is home to one of the most ethnically diverse populations, in which communities of color make up nearly 70 percent of the county's total residents. (page 9)

Drugs Addressed—Recent data from ADPA show that the large majority of young people served through juvenile drug court programs in the target geographic service area use marijuana, and that a disturbingly high percentage are involved in the growing epidemic of methamphetamine use, especially "crystal meth." The project also notes that drug trends among

the target group of young people demonstrate less and less involvement with opiates and increasing use of alcohol, marijuana, and cocaine as well as polydrug abuse. (page 10)

Theoretical Model—The proposed program will continue its use of strength-based interventions, which are employed in ADPA's current programs. This approach utilizes and builds upon the existing strengths and assets of youth participants, including family, school, work, and social assets. The treatment setting is based on creating an overall positive direction for treatment and helping young people to believe that the skills and strengths they need to overcome alcohol/drug use and other negative behaviors are already within their grasp. ADPA will also continue its strong emphasis on family involvement, having long recognized that family participation in the youth's treatment serves as one of the key determinants of success in the program. (page 19)

Type of Applicant—County (SF-424, item #7)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The applicant agency, the Los Angeles County Alcohol and Drug Program Administration (ADPA), is a unit of the Los Angeles County Department of Health Services. ADPA is the coordinating entity for publicly funded substance abuse treatment services in its region. It is responsible for administering the county's complex range of alcohol and drug programs and must meet county, State, and Federal regulations through the promotion, development, and maintenance of a comprehensive network of programs that respond to public policy and regulatory requirements. ADPA maintains over 500 active contracts with over 300 community-based treatment and support organizations and monitors compliance with contract requirements for all of these entities. In addition, ADPA is the central convener for collaborative drug and alcohol treatment responses for Los Angeles County and maintains a list of over 1,000 contact organizations that it involves in local planning and service coordination. It is also the current administrator for the county's juvenile drug court program under contract to the Substance Abuse and Mental Health Services Administration (SAMHSA). (pages 21–22, 27)

Service Providers—ADPA will serve as fiscal agent for the project and provide key oversight of program implementation and evaluation efforts. Direct youth and family drug and alcohol treatment services will be provided by two of ADPA's contracted treatment providers—Tarzana Treatment Center (TTC) and the California Hispanic Commission on Alcohol and Drug Abuse, Inc. (CHCADA). TTC is a nationally respected, full-service substance abuse treatment agency that has provided alcoholism and drug treatment recovery services in southern California for 30 years. It currently operates three major facilities in Los Angeles County. CHCADA has more than 27 years of experience in providing prevention, intervention, treatment, and recovery services in a bilingual/bicultural environment. It manages nearly 30 active contracts, including contracts with county governments throughout California, and has extensive experience in providing culturally appropriate drug and alcohol treatment for young people, many of which involve interactions with the criminal justice system. (pages 26, 28)

Services Provided—In order to accommodate the new 6- and 9-month courses of treatment that will be offered through the proposed program, a new intensive 30-day assessment period will occur at the beginning of the program. This 30-day process will coincide with the existing 30-day probation period in which the drug court judge decides whether participants are suitable for final acceptance into the program. Over the 30-day period, assessment data will be collected to determine which course of treatment the young participant will be assigned—a 6-, 9-, 12-, or 18-month course of treatment—and participants can then be shifted among these programs based on

either rapid or slower progress. At any given time, the project estimates that approximately one-half of the additional young people in the program will be participating in the new 6-month course of treatment while the other half will be participating in the 9-month course of treatment.

Both the 6- and 9-month treatment options consist of four phases, which will be comparable for both courses of treatment. However, the length of time in each phase will vary based on the overall length of treatment. All participants will receive comprehensive wrap-around, family-centered services that include continuous client assessment, one-on-one case management, multi-level drug treatment interventions, and a full range of complementary therapeutic and support programs. For both the 6- and the 9-month courses of treatment, key intervention components include the following:

- Development and continuous refinement of an individualized treatment plan
- Continuous drug testing via urinalyses
- Intensive substance abuse counseling provided in three separate formats—individual counseling, group and family counseling, and drug and alcohol workshops
- Required attendance at appropriate 12-step meetings such as Narcotics Anonymous/Alcoholics Anonymous
- Enrollment in an intensive skills development/job preparedness program
- Optional professional acupuncture (up to five times per week)

Additional program enhancement services include new family intervention services, such as expanded outreach to extended family members and additional family events and group activities; and expanded arts and creative therapy programs that extend to referrals to outside providers and programs. All participants will be required to appear in drug court on a regular basis, and the juvenile court bench officer will oversee the client's progress and receive regular progress reports from the treatment counselor regarding drug test results and client attendance and participation in program activities. (pages 16–19)

Service Setting—Direct client services provided through TTC and CHCADA will be offered in readily accessible community-based locations in Los Angeles, both of which are situated on major bus lines connecting directly to the residential neighborhoods in which many of the targeted youth live. In addition, CHCADA operates its own free regional van service to facilitate youth and family access to program services. (page 30)

Number of Persons Served—For each project year, the two new courses of treatment—the 6- and 9-month options—will allow the program to serve an average of 120 additional youth clients between the ages of 12 and 18, for a total of at least 350 additional minor clients served over the 3-year grant period. It is estimated that changing the minimum age from 14 years to 12 years will increase the number of eligible juvenile clients by about 8 percent. (pages 11, 15–16)

Desired Project Outputs—The primary desired outputs for the proposed program are as follows:

- To substantially reduce the number of alcohol and drug-addicted young people in Los Angeles County and
- To significantly decrease the rate of both juvenile and early adult crime in the target region.

Other desired outputs for program participants include the following:

- Reduced substance abuse
- Reduced juvenile justice involvement
- Improved family conditions
- Improved mental health
- Improved physical health
- Improved school performance
- Improved peer relationships

(pages 11, 23–24)

Consumer Involvement— In order to ensure a strong youth perspective and voice on the project steering committee, ADPA will advocate the inclusion of two youth members, ideally individuals who have successfully graduated from the juvenile drug court program, who have undergone appropriate leadership development training to build their skills as collaborative committee members. The project evaluator will involve the target population in the evaluation studies in several ways: (1) a series of client focus groups conducted early in the evaluation process in which to obtain participant feedback and suggestions regarding effective incentives and methods for client follow-up; (2) semi-annual focus groups conducted with clients to explore and monitor program effectiveness; and (3) annual interviews with a selected number of clients to learn about the youths' perceptions about the changes in their lives as attributed to program interventions. Evaluators will use this information to improve evaluation activities and include any missing aspect of the program outcome for youth. Further, clients will be directly involved in the evaluation itself through the development of an instrument with which each client can monitor his or her progress and how the program has contributed to that progress. During the second and third project years, the evaluators will meet with clients during each calendar quarter to review these data and discuss contributions of the project to improving and enhancing the quality of clients' lives. (pages 21–22, 25–26)

EVALUATION

Strategy and Design—The project discusses three separate evaluation components: (1) implementation fidelity, (2) process evaluation, and (3) outcome evaluation. The process evaluation will involve the use of annual interviews with project managers, annual focus groups with staff members, and annual observation of selected services. The process evaluation will include documentation of services provided through the two treatment providers, TTC and CHCADA, including information on treatment staff, service utilization, and client characteristics. The project evaluator will collect these data from the GPRA database and from the ADPA's admissions and discharge database. The outcome evaluation will evaluate treatment effectiveness using a pre-/post-test design with a focus on specific dependent variables, such as substance abuse, juvenile justice involvement, and other domains listed under above under Desired Project Outputs. Several statistical methods will be utilized in the data analyses. At the end of the first project year, evaluators will begin an analysis of project retention rates using survival models. Subsequent analyses of project outcomes will be based on pre/post comparisons, as previously mentioned. These comparisons will draw upon various parametric and non-parametric models as appropriate to the individual data items. By contract, non-parametric methods such as sign tests will be employed to compare linked baseline and follow-up items that are ordinal, and change tests to compare items that are merely nominal. (pages 23–25)

Evaluation Goals/Desired Results—The evaluation goals are not stated in the application. However, the project does note that it hopes to use the evaluation to achieve two primary

objectives: (1) development of a streamlined assessment instrument and (2) replication of the program beyond the grant. (pages 10, 14)

Evaluation Questions and Variables—There are no evaluation questions stated in the application. However, some outcome evaluation questions can be inferred from the desired project outputs stated above, i.e., How did the program affect treatment outcomes in those domains, e.g., substance abuse, juvenile justice involvement? For the process evaluation, it can be deduced from the noted variables, such as those concerning treatment staff, service utilization, and client characteristics, that questions will investigate correlations between treatment outcomes and these process-related factors. Few variables are discussed in the project narrative. Those that are noted are treatment staff characteristics, treatment modality and service utilization, and client demographics and characteristics in domains such as substance use and criminal behavior. (pages 23–24)

Instruments and Data Management—The project will administer the Government Performance Reporting Act Core Client Outcomes measure (GPRA) at baseline and collect 6- and 12-month GPRA follow-up data on at least 80 percent of project participants. No other standardized data collection tools are mentioned in the project narrative, nor are copies of any instruments included in the application. However, as noted above, the project plans to develop its own streamlined assessment tool for evaluating preliminary client substance use and treatment motivation. The plan is to develop this new instrument within the first 18 months of the project, using existing assessment tools. This instrument will then be pilot tested throughout the juvenile justice system to determine its applicability for use across the system with a wide variety of young clients. (pages 14, 24)

The project evaluators will be responsible for data management, quality control, and data retention. Staff at TTC and CHCADA will collect all baseline and follow-up data on new and existing clients and will forward the data to the evaluators at the Center for Applied Local Research (CAL-Research) at the end of each month. Members of the CAL-Research team will also collect 6- and 12-month follow-up data on former clients. A member of the evaluation team will review and edit all instruments once per month to check for accuracy and to maintain high-quality data. CAL-Research will maintain the project's data collection software database. Once a month, a member of the evaluation team will enter all baseline and follow-up data. The evaluation team will also establish and maintain separate tables in MS-ACCESS for tracking data, including target dates for scheduled follow-up interviews. These tables will be linkable to the primary data collection database via assignment of a client ID number. (page 24)